

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-873)**

SERIAL NO. **101709435**

FILING DATE **1/31/05**

APPLICANT

1151105 8111 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				5		5
8				5		5
9				5		5
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47						
48						
49						
50						
TOTAL IND.			1		1	
TOTAL DEP.				19		19
TOTAL CLAIMS			20		20	

	1 ST		2 ND		3 RD	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						